STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155128	A. BUILDING 00 B. WING	09/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS-A DIVISION OF WHITLEY MEMORIAL HOSPITAL	411 N WOLF RD COLUMBIA CITY, IN46725

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F0000	This visit was for the Investigation of Complaint IN00096605. Complaint IN00096605-Substantiated, Federal/State deficiency related to the allegations is cited at F-441. Survey Dates: September 14 & 15, 2011 Facility number: 000055 Provider number: 155128 AIM number: 100288410 Survey team: Angela Strass, RN TC Rick Blain, RN (September 14, 2011) Census bed type: SNF/NF: 49 SNF: 8 Total: 57 Census payor type: Medicare: 11 Medicaid: 26 Private: 20 Total: 57 Sample: 3 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality review completed on September 16, 2011 by Bev Faulkner, RN			

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F0441 SS=D	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observations, record review and interview, the facility failed to ensure staff followed infection control practices related to hand hygiene and disposal of personal protective equipment for 1 of 3	F0441	**F441 Infiecton Control** Listted below are our response tto tthe F441 cittatton This serves as our credible allegatton oft compliance In additton, we respecttully requestt tthis	09/30/2011

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	residents (Resident A) during 2 of 2 observations. This involved Nurse #2 and CNA #1. Finding includes: During observation of Resident (A) on 9/14/11 at 10:30 a.m., a sign was noted on the resident's door directing visitors to see nurse. In interview with Nurse #1 at this time, the nurse indicated resident (A) was on contact isolation precautions. Review of the clinical record on 9/14/11 at 1:30 p.m., indicated Resident (A) had a MRSA (methicillin resistant staphylococcus aureus) infection of a surgical wound. Review of the record indicated the wound was being treated daily and had a dressing covering the wound. Observation of the resident on 9/14/11 at 2:55 p.m., noted the resident was in her bed. Nurse #2 came into the room wearing a disposable gown and a pair of gloves. Nurse #2 proceeded to check the resident's intravenous line and antibiotic bag which was hanging on the intravenous pole. The nurse then left the room without removing her gloves or gown. Nurse #2 was queried outside of the door of the resident's room, and was observed to be holding her gown and gloves in her		be considered ftor paper compliance Itt is tthe practtce oft tthis ftacilitty tto provide a saftę sanittary and comftorttable environmentt tto preventt tthe developmentt and ttransmission oft disease and inftectton **I** **What correctve actons will be accomplished fior the resident fiound to have been afiected by the deficient practce ?** · Residentt(A) remains in sttable conditton. The wound has been culttured and tthe physician has dettermined tthe residentt is now ftree oft inftectton · Inftectton conttrol procedures have been ftollowed by all sttaft tthatt have tthe pottenttal tto come intto conttactt witth Resident (A). Residentt (A) is no longer in isolatton. · All sttaft have been re-educatted in hand washing procedures, glove use, and conttactt isolatton procedures. See attached attendance sheett **II** **How will the fiacility identfiy other residents having the potental to be afiected by the same deficient practce and what correctve acton will be taken?** · All residentts are att risk oft inftectton when making conttactt witth a communicable disease. · All residentts witth acttve communicable inftecttons will be placed in a level oft isolatton precautton indicatted by tthe ttype and	

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	hand. The nurse was asked where she was going to dispose of the gown and gloves and she indicated, while coming back into the room, that she needed a red bag but there were none in the room. The nurse proceeded to place the gown and gloves in the trash can in the bathroom and left the room. The nurse returned to the room with a red bag and hung it on the edge of a bedside table. She secured the bag to the table by placing a puzzle box and a canister on the edge of the bag. Nurse #2 reached into the trash can in the bathroom and removed her gown and gloves from the trash with her bare hands and then placed the gown and gloves in the red bag in the resident's room. The nurse started to leave the room, opened the door and turned around and applied hand sanitizer to her hands from a container on the wall by the bathroom. Observation of the resident on 9/15/11 at 9:00 a.m.,noted the resident was in the bathroom seated on the toilet. CNA #1 was in the bathroom with the resident and had on a gown and gloves. The resident was assisted to a standing position, and provided perineal care. Without removing her contaminated gloves, the CNA assisted the resident to her chair in the room. The CNA touched the resident's walker, picked up a blanket from the bed and placed it on the resident's legs. The		locatton oft inftectton per ftacilitty policy. · The ttype and locatton oft inftectton will be dettermined by cultture and sensittvitty ttestts done by an accreditted laborattory and identtfted by a licensed physician. · Facilitty sttaft have been re-educatted on washing or sanittzing hands beftore and after residentt conttactt;tglove use and indicattons ftor changing gloves; and proper disposal oft isolatton personal prottecttve equipmentt(PPE). **III** **What measures will be put into place or what systemic changes will be made to ensure that the deficient practce does not recur ?** The ftacilitty is implementtng a hand washing inittattve tthatt places "Hand Hygiene Champions" on every shift. These individuals are specially ttrained in hygienic procedures and will be observing otther sttaft and providing spott ttraining ift tthey recognize a problem. See attached educatton packett All sttaft were rettrained in hand hygiene and conttactt isolatton procedures tthe week oft Septtember 26, 2011 tthrough Septtember30, 2011. See attached ttraining conftrmatton sheetts **IV** **How will the correctve acton (s) be monitored to ensure the deficient practce will not recur , i.e., what quality assurance program will be**	

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	CNA was then observed to remove her gloves and wash her hands. On 9/15/11 at 11:30 a.m., review of the facility policy "Transmission Based precautions", which was not dated, indicated the following: Glove Use: a. Always wear well -fitting gloves b. Always work from clean to dirty c. Limit opportunities for "touch contamination" f. Hand hygiene should precede donning of gloves, and follow removal of gloves in every instance Hand Hygiene: a. Always perform hand hygiene using either alcohol based hand sanitizer or soap and water: i. Before touching the patient ii. Before performing clean/aseptic procedures iii: After body fluid exposure iv: After touching the patient v: After touching the patient surroundings b. Hand hygiene must be performed before donning personal protective equipment c. Hand hygiene must be performed after removing personal protective equipment.		**put into place?** · Sttaft will be observed by tthe DON/Designee during routtne inftectton conttrol QA auditts Resultts will be submitted tto tthe QA Committee montthly x2, tthen every 6 montths on an ongoing basis · Inftectton rattes witthin tthe ftacilitty are ttracked and evaluatted montthly as a sttandard Quality Assurance Committee agenda itttem Resultts are submitted tto tthe Quality Assurance Committee ftor review and ftollow up on an ongoing basis For issues identtfted, an Actton Plan will be developed.	

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	Contact Precautions a. Don all personal protective equipment upon every entrance into patient room. b. Remove all personal protective equipment within the patient room, at the time of exit c. Discard all personal protective equipment within the patient room This Federal tag relates to complaint IN00096605 3.1-18(l) 3.1-18(b)(2)			